

**DO NOT WRITE IN THIS SPACE**

TEST DATE: _____		SCORE: _____		APPROVED FOR TESTING? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CERT TYPE: _____		CERT #: _____		EXP: _____	
APPROVED BY: _____		DATE: _____			
CK/M.O. #: _____		RECEIPT #: _____			
AMOUNT: _____		DATE RECEIVED: _____			

**STATE OF NEVADA  
BUREAU OF SAFE DRINKING WATER  
APPLICATION FOR WATER TREATMENT / DISTRIBUTION  
OPERATOR CERTIFICATE**

**INSTRUCTION FOR APPLICANTS**

- Experience in operations includes the duties and responsibilities as assigned by the public water system and the grade classification of the public water system.
- NO BLANKS – if the question does not pertain to you, mark it as ‘N/A’. Incomplete applications may be returned.
- All fees and experience verification must accompany this application.
- Submit the appropriate fee for EACH certification applying for.
- Make all checks payable to the BUREAU OF SAFE DRINKING WATER. If using e-payment, please use the link to “Pay an Invoice or Recurring Fee,” and then “Safe Drinking Water, Operator Certification.” Put your name in the Permit Number location and your Operator ID number in the Invoice Number area.
- If faxing, please fax to 775-687-5699

**Mail to:**

**NDEP BUREAU OF SAFE DRINKING WATER  
901 SOUTH STEWART STREET, SUITE 4001  
CARSON CITY, NEVADA 89701**

- Questions or comments should be directed to: **BUREAU OF SAFE DRINKING WATER**
- For technical questions, please contact Kelly McGowan, Environmental Scientist @ 775-687-9527 or [kmcgowan@ndep.nv.gov](mailto:kmcgowan@ndep.nv.gov)
- For administrative questions, please contact Nan Paulson @ 775-687-9447 or [npaulson@ndep.nv.gov](mailto:npaulson@ndep.nv.gov)

**Test Location Desired:** (Please Circle One) Battle Mountain, Dayton, Elko, Ely, Fallon, Hawthorne, Las Vegas, North Las Vegas, Reno, West Wendover, Winnemucca, or at Conference

**Certificate Type Requested** (Check one): ☐ Treatment or ☐ Distribution **Grade Level** (Check one): ☐ 1 ☐ 2 ☐ 3 ☐ 4

(Check one) **Full** (\$84) \_\_\_\_\_ **Reciprocity (CA/NV AWWA)** (\$57) \_\_\_\_\_ **Reciprocity (other state)** (\$57) \_\_\_\_\_

**Operator In Training (OIT)**(\$57) \_\_\_\_\_ **Convert Operator In Training to Full** (\$30) \_\_\_\_\_

**PUBLIC WATER SYSTEM, NAME, and ID NUMBER:** \_\_\_\_\_

Print your name clearly, as you wish it to appear on your certificate: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Number Street Apt. Number

City State Postal (Zip) Code

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**HOME****WORK****CELL****EMAIL ADDRESS****NOTE: YOU MUST CHECK THE YES OR NO BOX BELOW OR YOUR APPLICATION MAY BE DENIED!**

- ☐ **Yes** ☐ **No** Have you ever been in violation of any of the provisions contained in Nevada Administrative Code 445A.646? If yes, please explain on an attached sheet. (Click on NAC 445A.646 or visit our website at: [www.ndep.nv.gov/bsdww](http://www.ndep.nv.gov/bsdww). Click on “Regulations”, then NAC Water Controls and scroll down to NAC 445A.646 – “Denial of Application....: Grounds”)

PLEASE PRINT NAME: \_\_\_\_\_

**Please List Your Water System Experiences**

<b>WATER SYSTEM EXPERIENCE (ATTACH ADDITIONAL PAGES, IF NECESSARY)</b>			
WATER SYSTEM NAME:		YOUR TITLE:	
LOCATION:		MAJOR ACTIVITIES: % of time	
LENGTH OF EXPERIENCE		1.	
Total:	From: To:	2.	
		3.	
		4.	
		5.	

<b>WATER SYSTEM EXPERIENCE (USE ADDITIONAL PAPER IF NECESSARY)</b>			
WATER SYSTEM NAME:		YOUR TITLE:	
LOCATION:		MAJOR ACTIVITIES: % of time	
LENGTH OF EXPERIENCE		1.	
Total:	From: To:	2.	
		3.	
		4.	
		5.	

**EDUCATION**

List below the name of the school, City, and State in which you attended.	Years attended	Date graduated	Subjects studied or degree earned.
High School :			
College:			
Trade, Business Correspondence:			

Provide completed college level courses that may be substituted for experience (school/course/attach copy of transcript)

---

---

List all current operator certificate(s) held: \_\_\_\_\_

---

I have carefully read the application instructions. I understand that my fee is **NON-REFUNDABLE** and is **NON-TRANSFERABLE**. It may be at the discretion of the administrator(s) that my qualifications are insufficient for the grade of the certificate for which I have applied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Must be original signature, not a photo copy

Must be original signature date

PLEASE KEEP A COPY OF YOUR SUBMITTED DOCUMENTS FOR FUTURE REFERENCE.

**COMPLETED APPLICATION(S) AND FEE(S) MUST BE RECEIVED BY THIS OFFICE AT LEAST FORTY-FIVE (45) DAYS PRIOR TO TEST DATE. APPLICATION AND FEES WILL NOT BE ACCEPTED AT THE TIME OF THE EXAM. NO EXCEPTIONS.**

**NO applications with revision dates earlier than April 29, 2011 will be accepted AFTER May 6, 2011. Please update your records with this version and discard all others. Thank you.**

**FOR CERTIFICATION GRADES 3 AND 4, COMPLETE NEXT PAGE.**

**PLEASE PRINT NAME:** \_\_\_\_\_

**ADDITIONAL APPLICATION AREA: FOR CERTIFICATION GRADES 3 AND 4 ONLY**

Attach a complete organizational chart for your agency or company, and indicate your position on the chart. A current job description, for this position as issued by your employer, must also be provided. Give at least three references that know your abilities, and operator experience.

NAME	ADDRESS	JOB TITLE AND TELEPHONE NUMBER

**Drinking Water Related College Level or IACET (International Association of Continuing Education & Training)  
Approved Training:**

**Grade 3 (2 Postsecondary – 36 Hours Each)**

**Grade 4 (4 Postsecondary – 36 Hours Each)**

Grade Number	Name of Training Course	Number of Completed Hours	Date of Completion (Attach Certification)